Customer reimbursement form for previously repaired units:

Instructions for Reimbursement: BF200A/BF225A Oxygen Sensor

Reimbursement eligibility

You may be eligible for reimbursement if you previously paid to have the oxygen sensor on your BF200A or BF225A replaced during the first 6 years from the original retail purchase date.

- You must have had the oxygen sensor replaced before receiving this notice.
- You must have owned the outboard at the time of repair. You are still eligible if you no longer own the outboard.

NOTE: Any incidental expense or inconvenience you may have suffered due to the loss of use of your outboard is not reimbursable.

To apply for reimbursement

- ✓ **Complete the attached *Request for Reimbursement* form.**
- ✓ **Attach a copy of the repair order or invoice for the oxygen sensor replacement.** A copy of the repair invoice from an authorized Honda dealer or independent repair shop will meet this need. This invoice should show your outboard's model, outboard identification number (VIN), the name and address of the facility that did the repair, the cost of the repair (parts and labor), and the date the work was completed.
- ✓ **Attach Proof of Payment** a copy of the cancelled check, bank statement, cash receipt, or credit card receipt showing that you paid for the repair.
- ✓ **Mail the completed *Request for Reimbursement* form and copies of the receipts and invoices to:**

American Honda Motor Co., Inc.
Customer Relations Department
4900 Marconi Drive
Alpharetta, GA 30005

Please allow up to eight weeks for reimbursement.

Failure to include proper documentation can further delay your reimbursement. If you have questions, please call your local authorized Honda dealer. If they cannot help you, contact Customer Relations at (770) 497-6400.

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Request For Reimbursement: BF200A, BF225A Oxygen Sensor Replacement

Fill in the following blanks. Please print clearly and provide complete information.

_____ ( ) _____
Name Daytime telephone number

_____ _____
Current Address Apt. No.

_____ _____ _____
City State Zip Code

_____ $_____
Outboard Identification Number (VIN) REQUIRED Total amount requested

Name of facility that performed the repair:_____